

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	Application/Patent Number	6,960,179 B2
	Filing/Issue Date	November 1, 2005
	First Named Inventor/Patentee	Victor Gura
	Confirmation Number	5267
	Group Art Unit	3762
	Examiner Name	Deak, Leslie R.
	Attorney Docket Number	3806.1025-000
Title Wearable Continuous Renal Replacement Therapy Device		
I hereby revoke all previous powers of attorney given in the above-identified application.		
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10]		
OR		
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 087516		
Please change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> Customer Number 087516 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133		
<input type="checkbox"/> Other		
Please direct all telephone calls and facsimiles to:		
Name <u>David E. Brook, Esq.</u> Tel. No. <u>(978) 341-0036</u> Fax No. <u>(978) 341-0136</u>		
I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Authorized representative of the Assignee, Fresenius Medical Care Holdings, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.		
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.		
SIGNATURE of Applicant or Assignee of Record		
Signature	<i>Stacy Blasberg</i>	
Name & Title	Stacy Blasberg Assistant Intellectual Property Counsel	
Date	7/16/10	